



RABIES EXAMINATION

State Form 37763 (R9/4-07)

ISDH LAB USE ONLY	
LAB NUMBER	
ID NUMBER	
DATE RECEIVED	
DATE REPORTED	

SEE REVERSE SIDE OF THIS FORM FOR INSTRUCTIONS. *This form must be filled out completely and accompany the specimen. Animals that have potentially exposed a person or household pet to rabies will be given priority handling. Exposure is defined as any penetration of skin by the teeth of a potentially rabid animal or contamination of scratches, abrasions, open wounds, or mucous membranes with the saliva or potentially infectious material (such as brain tissue) of a potentially rabid animal.*

Sender: Phone Number () _____ - _____ Fax Number () _____ - _____
Facility Name _____ Date of death of animal _____
Address _____ Date Shipped _____
City _____ State **IN** ZIP _____ Sender Occupation _____
County _____ Address where animal
originated _____
Kind of animal _____ Identify breed, color marking _____

Clinical information regarding the animal:

Was animal immunized? () Yes () No () Do not know () not applicable

Was the animal known to have exhibited any signs and/or symptoms of illness? () Yes () No

If YES, specify _____

Did the animal exhibit any of the following? () convulsions () aggressive () unable to eat or drink () excessive salivation
() paralysis () noticeable change in behavior () other _____

Was the animal treated by a veterinarian? () Yes () No If YES, Name and Phone No. _____ () _____

Exposure Information: The suspected animal exposed a: () Human () Animal, specify _____ () None

Name/Address/Phone Number	Date of Exposure	Type of Exposure
		() scratch () bite
		() handling () other
		() scratch () bite
		() handling () other

Results Notification:

ALL POSITIVE RESULTS WILL BE REPORTED BY TELEPHONE TO THE INDIVIDUAL WHOSE NAME IS LISTED BELOW AND TO THE LOCAL HEALTH DEPARTMENT. Please list the name of the individual who will be responsible for arranging treatment of this (these) patient(s) if this should be necessary. You must include telephone numbers where this individual can be reached during working hours, after working hours, and on weekends. The State does not supply or administer the prophylaxis for rabies. By State Communicable Disease Reporting Rule, "Every case of a human bitten by a domestic or wild animal shall be reported promptly to the Local Health Officer having jurisdiction (410 IAC 1-2.1).

Name _____ Telephone (9 am to 4:30 pm) () _____

After 4:30 pm and weekends () _____

ALL RESULTS WILL BE FAXED TO THE SENDER, IF A FAX NUMBER IS PROVIDED.

DO NOT WRITE BELOW THIS LINE - FOR LAB USE ONLY

FLUORESCENT ANTIBODY TEST RESULTS

_____ Negative _____ Positive _____ Unsatisfactory _____ Decomposed () _____

RESULTS TELEPHONED: Date _____ Time _____ Reported to: _____

Copies to: () Communicable Disease () Local Health Department Microbiologist: _____

SENDER NOTE: NOTIFY PATIENT OF RESULTS

INSTRUCTIONS FOR THE SUBMISSION OF ANIMAL HEADS AND BATS FOR RABIES TESTING

SPECIMEN

Since brain tissue is examined for the diagnosis of rabies, only the animal head will be accepted for diagnostic purposes. Animals should be euthanized in a manner that will not destroy the brain. The neck should be severed at the midpoint between the base of the skull and shoulders. For bats, the whole dead animal should be submitted. Brain material from animals with central nervous disease symptoms may be submitted by veterinarians or veterinary diagnostic laboratories as part of their diagnostic process without regard to bite or other exposure status. Only fresh, non-fixed tissue is acceptable. A negative finding for rabies can be made only if a complete cross section of the brain stem is examined. Examination may be made at the level of the pons, medulla, or midbrain. All rabies specimens must be properly packaged before delivery to the Indiana State Department of Health (ISDH) Laboratories.

COMPLETION OF FORM

Complete the sections labeled **Sender, Clinical information regarding the animal, Exposure Information, and Results Notification** on the front of the specimen submission form. Seal the form in a separate plastic zip-lock bag and enclose with the specimen. An incomplete form may result in the delay of conveying vital information to the person or persons exposed.

PACKAGING OF SPECIMENS

Place animal head specimens for rabies diagnosis in a leak proof container (e.g., double bag using heavy-duty plastic bags) and seal tightly. Place this container in an insulated shipping carton and enclose a sealed refrigerant pack to keep the specimen cold. **DO NOT USE WET ICE.** The use of sealed cold packs eliminates the problem of the refrigerant leaking from the shipping container. Specimens should be kept cold, but preferably not frozen. Freezing the head will delay testing, since it may take up to 24 hours to thaw; it also damages the tissue.

SHIPMENT OF SPECIMENS

Shipment via commercial bus or courier service is usually the most rapid method of delivery. An ISDH staff person picks up specimens shipped by bus 7 days per week. The US Postal Service will not accept this type of specimen for mailing. At the time of this printing, United Parcel Service (UPS) will accept specimens for delivery to the ISDH Laboratories if properly packaged. Consult with your local UPS representative to obtain the most current shipping/packaging requirements for UPS. Use the following address for shipping specimens:

Rabies Laboratory
Indiana State Department of Health Laboratories
550 West 16th Street, Suite B
Indianapolis, IN 46202

PERSONAL DELIVERY OF SPECIMENS

It is also possible for individuals to hand carry properly packaged specimens to the ISDH Laboratories between the hours of 8:30AM and 4:30PM, Indianapolis time (M-F) except for State-recognized holidays. Bring the specimens to Specimen Receiving, Room N189, east end of building at the loading dock, at the above address. After hours receipt of specimens is not routinely available. If it is an emergency contact the duty officer at 317.233.1325. Directions and/or map may be obtained by contacting the ISDH Laboratories at 317.921.5500.

REPORTING OF RESULTS

Positive rabies test results will be reported immediately by telephone to both the local health department officials and to the individual identified for Results Notification. Negative test results will routinely be reported by fax if a fax number is provided.

MAMMALS IN THE ORDER RODENTIA

These mammals include squirrels, rats, mice, guinea pigs, hamsters, gerbils, beavers, moles, and voles. They are rarely rabid in the United States and should be submitted for rabies testing only under exceptional circumstances. Consult your local health department when rodents or lagomorphs (rabbits/hares) are involved.

CONTACTS FOR FURTHER INFORMATION

For questions concerning suspected rabies incidents involving possible human exposure, contact James Howell, DVM, ISDH Veterinary Epidemiologist, at 317.233.7272. For questions concerning suspected rabies incidents involving possible domestic animal exposure, contact Sandra Norman, DVM, Indiana Board of Animal Health, at 317.227.0323. For general laboratory questions, contact the ISDH Laboratories at 317.921.5500.